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ABSTRACT

The upward economic flux of Pike County is having a dramatic impact on the traditional morals and values held by the established community. Drug availability has increased proportionately with improved highway systems, accessibility of money, and increasing numbers of youth with their own cars. Although 75% of the population live in isolated areas, there are only 9 deputies covering the area to prevent or divert sales and exchanges of drugs. This also increases the illicit drug traffic. Thus in 1974, an educational/preventive drug treatment program for Pike County was implemented. The program offers individual, group and family counseling; drug education to schools and community; criminal justice referral/intake; drug diversion/prevention; crisis intervention; speakers bureau; recreation; and a hot line, to be established this fiscal year. Sometimes the drug council works with other community agencies to help a client. The program serves the prescription drug abuser as well as the illicit drug abuser. At the local level, the program is governed by a Council, comprised of interested citizens, which is regionally responsible to the Paint Valley Mental Health and Mental Retardation Board located in Chillicothe, Ohio. The program has established a healthy relationship with the judicial system, hospitals and schools. The most difficult problem encountered has been the lack of resources. The community has been very responsive and supportive of the program, which has begun its third year of services to Pike County. (NQ)

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*A RURAL COMMUNITIES RESPONSE TO DRUG ABUSE

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Socio-Economic

Pike County, Ohio, is located in south central Ohio approximately 60 miles south of Columbus. This county has a total population of 19,114 according to the 1970 federal census. According to that document, there are approximately 4,279 persons in the age range of 5 to 14. There are approximately 2,925 persons between the ages of 15 to 24 and 3,150 are senior citizens.

Waverly is a city located in the north central section of the county and has a population of 5,084. The second largest center of population is Piketon, with a population of 1,347 persons. There are approximately eight other centers of population; Beaver, Stockdale, East Jackson, Wakefield, Idaho, Latham, Morgantown, and Cynthian, located in Pike County whose population is under 100. Pike County has approximately 20 or more unincorporated crossroads that are rural information centers.

Approximately one-half of Pike County's population are persons who reside in a rural farm setting accessible by county and township roads. Thirty-eight (38) percent (1970 income & poverty status) or 7,260 people are receiving social security and/or welfare benefits. Twenty-eight percent of the households of the County are in the lower socio-economic income range (less than $3,000 per year). The median income per family is $6,500.

*Revised for the Rural Sociological Society Annual Meeting, 1977, Madison, University of Wisconsin.

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The current unemployment rate (April 1977) is 14% for Pike County.

Basic income sources in Pike County are derived from the timber and farming business, Goodyear Atomic Energy Plant, Parker-Hannifin Corp., Thompsons Automotive Industry, and Freuhauf Manufacturing. These newly developed and expanding industries are dramatically changing the socio-economic and philosophic roles of the population through the incursion of more professional employees required to adequately staff and develop the companies.

With increasing industrialization, there has been more families introduced into the county whose cultural and family ties are elsewhere. With these shifts of cultural displacement comes the natural problems which result with a culturally rural youth living in an urban society. Additionally, the improvement of salaries and more readily available moneys to youth and accessibility to individual means of private transportation, the county's youth has become more mobile and has developed in-cultural sophistication. As a result of this newly learned sophistication, obvious cultural norms have been broken without adequate time having elapsed for any realistic standardization of new norms. One indice of this cultural change is demonstrated in the Pike County Juvenile Court whose 280 cases in 1970 seem quite small when compared to the 559 cases reported in 1976.

Recently published statistics from the State Board of Tax Appeals shows that $85,761,460 or 68 percent of the real property in Pike County is exempt from taxation. Most of this consists of the present and expanding Goodyear Atomic Energy Plant which is valued at $80,685,400. Pike County has taxable property which totals $40,051,460 which makes Pike County the only county in Ohio with more tax-exempt than taxable real property.

Topographic

Pike County, Ohio, is located within the south east Ohio Applacian foothills. The county is basically divided into sections. The known divison line of the county is the Scioto River which meanders from a northeastern to southeastern line through approximately the center of the county. Pike County in geographic description would be similar to the State of Tennessee in regard to it's overall dimension (approximately 40 miles east west axis, approximately 20 miles north south axis).

The eastern section of the county (east of the Scioto River) is made up of relatively low rolling foothills with wide rich loam plains. It is a richer agricultural section of the county. West of the Scioto River, the county develops rapidly into higher and more sharply defined foothills with increasing numbers of creek bottom farming. The major staple of income from this section of the county would be the timber industry and farming.

Program Inception

As can be learned from reviewing the previous stated factors, Pike County is in an upward economic flux which is a result of persons from other cultures and improved overall socio-economic status, which is having a dramatic impact on the traditional morals and values held by the established community. Due to it's geographic relationship to Ross County (75,000 population) to it's north and Scioto County (85,000 population) to it's south and two major four-lane highways bisecting the county on the boundaries, drug availability has increased proportionately with improved highway systems, accessibility of money, and increasing numbers of youth who have their own private automobiles.

In early 1972, thirty teenagers were arrested by the local police for possession of marijuana and prior to that period, no mention of illicit drugs

was brought to the attention of the community. A small group of concerned citizens met the next evening following the arrests; these included parents, educators, farmers, businessmen, etc., and they decided that the youth needed accurate drug information and alternatives to drug activities. Through donations from community organizations, churches and Pike County, a hot-line was established in one of the members home. For a variety of reasons, it was not feasible to continue services, thus the organization began a recreational program which became a source of irritation to nearby households. The council felt that recreation and youth involvement in a constructive and well-organized form appeared to be the most successful means of diverting youth from drug abuse. A teen center (1973-74) was developed which attempted to provide inspiration and productive recreational/craft involvement. Through their investigations, the council decided that for the best possible program implementation to occur, the youth who were to use the facilities should have their own governing body supervised by the adult council. This junior council, thereafter, set about to develop their own guidelines and rules for the facilities and it's use. Through the implementation of this program, the youth learned many lessons, the most difficult of which was self-policing. As a result of this hard-learned lesson, many idealistic minds in both governing bodies learned that the responsibilities (financial and programmatic) are very difficult without a professionally led and organized staff.

It was in 1974 that a federal grant with state and local support, was written and approved in July 1975 by the Ohio Department of Mental Health and Mental Retardation and the Bureau of Drug Abuse, to establish professional personnel for the implementation of an educational/preventive drug treatment program for Pike County. In employing the staff for the program, the Council

felt that someone from outside the county would be more of an asset in dealing with the drug problem. Their logic was 1) an outsider would be more trusted by those involved in drug abuse, 2) the staff would be more objective and non-biased in necessary measures for a professional agency, 3) confidentiality could be more realistic in dealing with illicit drug users, and 4) less influence from the community as how the program should be managed.

Rural communities are naturally more at ease about their daily functioning and progress at what we call a "steamboat" pace of life. This is definitely an asset in establishing a good foundation for a drug program because of the variety of individual characteristics drug abusers possess and in interacting with those persons not involved in drug use and who are representatives of the basic institutions in the community (government, churches, educational institutions, business organizations and the families).

The program as approved by the Ohio Bureau of Drug Abuse offers as it's services; individual group and family counseling, drug education to schools and community, criminal justice referral/intake, drug diversion/prevention, crisis intervention, speakers bureau, recreation and to be established sometime this fiscal year, a hot line. Sometimes services also includes collaborating with another agency to offer help to a client. Thus, the drug council may work with schools, judicial system, hospitals, physicans, attorneys, or any community agency in this effort. At the local level, the agency is governed by a Council comprised of citizens who are interested in this effort, and are regionally responsible to the Paint Valley Mental Health and Mental Retardation Board located in Chillicothe, Ohio.

During the first week the agency was opened, all industries, businesses, churches, clubs, etc., were contacted explaining the program and offering services for speaking engagements to their organizations. Seventy-five letters

were sent out and only three replys were received. It was not until a month and a half later that it was realized that those three replys were a clue that the community did not recognize there was or existed a drug problem. We had assumed that the community was aware that illicit drug involvement existed. During this early period, we soon discovered that the local law enforcement agencies had little knowledge of Ohio Drug laws. The communities unawareness of the drug scene, types of illicit traffic, lack of specific drug law information, brought us to the final realization that the community was about six years behind urban society in awareness of drug involvement and the drug users were about 2 years behind urban society in usage.

It was an immediate priority that some type of estimate should be made as to the amount of type of illicit drug traffic occuring in the county rather then depending on hearsay. Since no statistics existed, the staff had to go by empirical approach generalizations and what clients related. After about 4 months, a clear picture as to when the drug scene began, what the present situation was and what a general prediction of the drug culture for the immediate future would be, came into focus.

The three most important elements in established the program was an immediate healthy relationship with the judicial system, hospitals and schools. Because Pike County is the second or third most economically depressed community in the State, it was felt that the court system would be most cooperative in referring drug offenders into the program due to the money costing the county for incarceration. Assuming this hypothesis to be correct, it was not easy to establish credibility with the courts because for past years, the courts had become punishment oriented by habit toward illicit drug misdemeanors. Whenever dealing with the court system, one must expect that the judge will not turn a drug offender into some treatment program

without receiving some assurance that this is a more positive route than jail. This agency has been highly successful in establishing good rapport with the judicial system and at least 20% of the clients are court referred.

The first case for barbiturate detoxification had to be placed in a mental institution, thirty miles from the community because the local hospital and physicians had little or no expertise in dealing with drug withdrawal. This appears to be not uncommon for rural physicians in America. Be assured that a mental institution is not condusive for drug detoxification. It was during this time that specific training programs (films, speaking engagements, guest speakers, etc.) for nurses, aides, and emergency personnel was established in order to create an atmosphere of awareness. Those persons attending the training would verbalize the need for such education due to the increasing amount of overdoses that the hospital had been experiencing during the past 2 to 4 years. It was felt that these efforts would soon come to the attention of the hospital administration. After four months of continued services, the first client was placed into the local hospital for detoxification in conjunction with the client's physician and the agency. Again there needed to be some guarantee that agency personnel would be supportive in aiding the hospital staff in eliminating additional work loads for these particular types of patients. It was agreed that if the physician would issue the proper dosage for withdrawal which we furnished through specific publications, we would stay with the client and provide psychological support. From that point to the present, we have had no trouble with the hospital in cooperating with clients that need to be placed in the hospital. Additionally, the agency is continually contacted to assist emergency personnel in dealing with the varieties of overdoses. Cooperation with local hospitals and physicians is a crucial factor in implementing and maintaining a drug agency.

The local schools, primarily the high schools, were reluctant in letting the agency come into their school's drug educational programs because they feared the institution would be labeled as having a drug problem (which in fact, they did). It was felt that to get into any of the schools, elementary and secondary, an open-door policy should be initiated. The rationale being, the schools by-laws are to establish some type of drug program which was rather limited and vague due to the lack of knowledge about the drug scene. Rather then going to the superintendent or principal, the health teacher was approached and through their efforts, the agency was able to not only establish drug awareness within their classrooms but was also able to teach mini-drug courses in the secondary and primary schools. In addition, two offices were established in two of the secondary schools in an effort to counsel those students who werecurious to know about drugs and the student who was already involved. Once the schools realized that the primary concern was prevention, a common practice was established by the school administration requesting our presence in dealing with students who may be having a drug problem. I would like to emphasize at this time that there were many other factors which helped to facilitate a working relationship with the judicial system, hospital and schools. To elaborate at this point in time is of little consequence because each community will have to work it's own way into the system. However, we encourage a good plan of attack and not to be in a hurry.

During the first year of implementation, the program did not heavily advertise it's services through the news media. This was primarily done because it was not totally known how strong the drug scene indeed was and realizing that the program might be changing directions when attuned to the community needs. With only two staff, it was further felt that advertising services may throw on too many demands and possibly effective delivery may not

provided which in turn would ruin the credibility of the agency.

Location is a key factor for those involved in drugs or residents desiring information on drugs. If your agency is located in an atmosphere such as the middle of town where those in the community can observe easily people entering and leaving the drug agency, this could prevent many in the area from seeking or searching help. Illicit drug usage is not only an encroachment of the law but also is an immoral issue due to nonacceptance as a norm. No one wants to be labeled as a "junkie or doper", or for parents to want the community to know that a drug problem exists in the family. It is believed that a drug agency should be in the open so that the community can be aware that the problem exists. Our present location, due to limited office space within the community, is next door to the county court, across the street from juvenile court, grand jury and the Sheriff's office. The police department is a hundred yards down the street. We were totally against this location, yet we found many people were willing to risk their reputations by coming into the office for whatever their needs.

Pharmacology has not been the primary goal of this agency. It may seem paradox that when establishing a drug program you do not deal with drugs per-se. To explain, those who misuse or abuse drugs are doing so for some particular reason. Our knowledge of drugs is limited to symptoms, how to handle an overdose, history, detoxification, etc. An in-depth knowledge of drugs plays little purpose within the agency. Drug abusers know very little about drugs, only the street terms. We have yet to find one drug user who knew the effects of drug usage other than what drugs will get the "highest" and the quickest. "Dopers" are usually shocked when they find out that you know more about drugs than they do--this is good for dialogue since they now know they can turn to you for accurate information. If a person does his/her homework on drugs,

the abuser, including the hard core abuser, will seek you out to learn accurate information and perhaps seek some type of treatment.

The most difficult problem encountered, as I'm sure most rural communities face, is the lack of resources. As an example, in urban areas there are numerous referral agencies ranging from employment, educational, rehabilitation, etc. This is not the case in rural America. When our clients receive positive input, many are ready and want to become part of the community but the alternatives and resources are not available. However, we believe that more alternatives could be available if the communities became more physically and economically involved rather then making verbal committments. Community based drug programs were established because it was learned that placing drug dependent people in hospitals, institutions, or incarceration was not the ideal setting for rehabilitation due to the confinement of large masses and limited staff coupled with the semi-cultural shock of being in such an atmosphere. It was felt that if the person could be rehabilitated in his own community, the community would be more involved and the individual could be in his own environment. However, if the community does not take a healthy participation in the program, the client to some extent is in a confined atmosphere not unlike the institution.

Basically there is little difference between the drug abuser in either rural or urban communities. Yet, there are distinctive characteristics between prescription drug abusers and the illicit drug abuser. The former is usually a stable person in relation to employment. He usually has an interest in himself, community and family. In relation to our clients, only one has been violent and that was toward his family--generally the prescription abuser is non-violent. He stays "clean" and does not openly show drug dependency or addiction. In many cases, he does not realize he has a drug problem. This

is primarily due to the myth or misunderstanding , as some adults believe, that since drugs are from a physician, you can't become tolerant to them. The irony about this is that in many cases, it's the physician who over-medicates the patient. However, if the prescription abuser maintains the habit long enough, he will develop many of the characteristics of the illicit abuser. Also, the largest group in America to abuse drugs are those persons over the age of 51. In comparison, the illicit drug abuser is an opposite personality. The one area of similarity is that both parties did not intend to become drug dependent or addicted.

Pike County is ideal for drug involvement due to its location. The county is 20 miles by 40 miles with seventy-five percent of the population living in more isolated areas with only a staff of 9 deputies to cover the area to prevent or divert sales and exchanges of drugs. This in turn increases the illicit drug traffic. In many cases, past experience has shown a lack of knowledge by some law enforcement officers of drug laws and proper search and seizure of evidence which appears to encourage illicit drug activity.

It is commonly known that rural communities in general are at an economic disadvantage for growth and social activities. There are no recreational facilities nor other entertainment such as theaters, roller rinks, etc. There is one swimming pool at a yearly cost of $250.00 leaving the majority of the community unable to afford such a luxury. High unemployment means nearly total absence for the youth to find work. Urban youth have the same problem, but not at such a grand scale as rural youth. Without employment, recreation and other social activities, the old saying becomes a reality, "idleness is the devil's workshop."

Population may be a direct cause for drug misuse/abuse. Let me explain. During a sports event last year, a 15 year old female took two barbiturates

after she had a couple of beers. The girl overdosed and was rushed to the hospital and had her stomach pumped. She remained in the hospital overnight which is a standard procedure. The girl was only experimenting. If this situation had taken place in an urban community of several thousands, a small fraction of the population would have been aware of the instance. However, with a population of 5,084 in Waverly, a much larger population became aware of the accident almost overnight. Naturally, the family was embarassed and the girl was labeled a "doper" by many of her peer group who were totally against illicit drug use. In addition, she became labeled by some school administrators and parents who advised their children not to associate with her. This incident agitated other personal problems such as total mistrust by her parents. If the girl is labeled long enough, she may begin to misuse drugs since so many are already accusing her of such activities. We have only touched the very surface of drug abuse in this rural community in relation to location, economics and population. The listener may draw his own conclusions on these areas.

Conclusion

Dealing with the drug problem at hand may be a hindrance rather then an asset in drug diversion. If one continues to deal with the drug problem, then the problem will always be. It is important to get at the root of the problem and we feel that the two specific areas that will help remedy the drug situation are the home and the school. A reminder, we are not trying to eliminate drug abuse, that is not realistic but it is felt that drug abuse can be kept from increasing.

It is encouraging that this rural community recognized a need and responded to it. They encountered many obstacles in the embryonic stages of the program

development but nevertheless, were not deterred from their goal. The community has been very responsive and supportive of this agency and recognizes the need for it's existance. It is only through this cooperation and trust that this agency has been awarded a new grant and has begun it's third year of services to Pike County.